

MONTANA BOARD OF BARBERS & COSMETOLOGISTS
PO BOX 200513
HELENA MT 59620-0513
TELEPHONE (406) 841-2335
Email: dlibsdcos@mt.gov
Website: www.cosmetology.mt.gov

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS REponsible FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO SUBMITTING AN APPLICATION.

In the State of Montana, a barber school or college may not open, engage in teaching or enroll students unless first licensed by the Montana Board of Barbers and the license is posted in public view in the school.

Upon receipt of the completed application and required fees in the Board office, the application will be processed in the order it was received. The application must be forwarded to the Board of Barbers for consideration during a regularly scheduled board meeting held quarterly. If the application is approved, a will be issued and mailed to the barber school's physical address provided on the application.

1. No temporary permit will be issued to the school facility. All equipment and supplies must be present and inspected prior to the issuing of a school license.
2. Barber school licenses must be posted in public view in the establishment with the ownership and location described on the application.
3. An incomplete application will be returned for corrective action.
4. All new barber schools, changes in location or ownership, must apply for a new school application and pay all fees.
5. Owner(s) of the barber school are responsible for all safety and sanitation, conduct and conditions of his/her school. Barber school owners and managers are responsible for all current licensing requirements including those of employees.
6. Attach a detailed, drawn to scale floor plan of the proposed Barber school. Please include entrances/exits, restrooms and sink locations, office, classrooms, break areas, student locker rooms, reception area and dimensions and label all areas of the barber school.
7. Please indicate the hours of operation for the barber school, specifically listing days and hours.
8. Please enclose copies of school rules, polices and procedures, of the following, but not

limited to the student contract including a breakdown of all costs for tuition, textbooks, supplies and kits costs, refund policies, attendance policies, termination policies, withdrawal, a breakdown of course including area of practice and theory hours, sample lesson plans, student evaluation and grading standards, requirements for satisfactory progress, school operating standards, school disciplinary policies, attire, ethics/conduct, leave of absence, school closures/holidays, release of information and instructional demonstrations.

9. Please submit a completed attachment A, B, and C along with your completed school application and appropriate fees. If you plan to offer the instructors training course please submit a completed attachment D.

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APPLICATION FOR BARBER SCHOOL

(All Fees Must Accompany This Application)

1. School Name _____ School Phone#: _____
2. Street Address _____ City _____ Zip _____
3. School Owner's Name _____ Home Phone# _____
4. School Owner's License Numbers: Montana Barber # _____
Montana Barber Instructor # _____
5. School Person in Charge's Name _____ Home Phone# _____
6. School Person in Charge's License Numbers: Montana Barber # _____
Montana Barber Instructor # _____
7. EIN# or Owner's Social Security # _____
8. If the school is under a corporation, you must list all the Names, Addresses and telephone numbers of the officers and principal stockholders. **See Attachment A.**
9. As part of the school application you must disclose all owners and their addresses. Please provide the information on **Attachment A.**
10. Days and hours the School will be open _____
(Be specific about days and hours open)
11. School's Proposed Opening Date _____ Number of Students _____
12. Please submit a **detailed floor plan drawn to scale and detailed square footage for each area and be sure to label the areas and provide square footage calculations for each room.** The floor plan must have adequate space to conduct the activities of the school and have at least two (2) public restrooms, a storage room, a classroom and manager's office in accordance with 37-30-405, MCA and ARM 8.10.1011. Initial _____
13. Please submit an original "**Certificate of Insurance**", provided by your insurance company, listing the purpose of the coverage and amount of (\$5,000) for the school bond required in accordance with 37-30-404, MCA.

Bond Number _____ Issue Date _____ Expiration Date _____

14. On **Attachment B**, please list the Names, Addresses, and license numbers of proposed instructors and substitute instructors, you will employ either full or part-time, in accordance with 37-30-405, MCA. The school owner is also required to notify the Board office of any changes immediately in employment of instructors or substitute instructors. A new **Attachment B** will be required to be submitted for any changes in accordance with 37-30-407, MCA. Initial _____
15. The school will employ at least one (1) full-time licensed barber instructor for every 15 students in accordance with 37-30-406, MCA. Initial _____
16. The school may not begin instruction at a new school with less than 7 students enrolled in accordance with 37-30-406, MCA. Initial _____
17. Instructors at no time will be permitted to practice on members of the public in the school and student instructors may not substitute for a licensed instructor and a barber student may not teach barbering in the school, in accordance with 37-30-407, MCA. Initial _____
18. The school may not require a student to take more than 8 hours of instruction/class per day in accordance with 37-30-406, MCA. Initial _____
19. A student may not engage in the practice of barbering until the student has completed 100 hours of instruction at the school, in accordance with 37-30-406, MCA. Initial _____
20. The school may not advertise the price of services to members of the public in accordance with 37-30-407, MCA. Initial _____
21. On **Attachment C**, please list the supplies and equipment provided at the school in accordance with Board statutes and rules. Please be specific about student kits provided. These supplies, kits and equipment will be inspected and accounted for in your initial inspection and subsequent inspections directed by the Board or Board designee, in accordance with 37-30-406, MCA and ARM 8.10.1011. Initial _____
22. Please provide information regarding your mechanical ventilation system in accordance with ARM 8.14.414. Initial _____
- Type of Ventilation _____ Air Exchanges Per Hour _____
- Cubic Square Footage of Building** _____
23. In signing and submitting this application to the Board of Barbers you acknowledge and declare that you will comply with all statutes and rules of the Board and understand that the school is subject to unannounced on-site inspections for compliance and enforcement of board statutes and rules. Initial _____
24. Please enclose a certified true copy of the Schools Student Contract, Student Cost of Tuition Disclosure, All School Policies, Procedures and Rules and School Curriculum for the Board's approval. Initial _____
25. The school provides separate male and female restroom facilities with hot and cold running water connected to a sewer system. Initial _____

26. A separate classroom, storage room with one locker (or secure storage area for student's equipment, books and supplies) for each student and manager's office will be provided.
☐ Yes ☐ No Initial _____
27. Under ARM 8.10.409(9), failing to render adequate supervision, management, training or control of auxiliary staff or other persons, including licensees or students practicing under the licensee's supervision or control, according to generally accepted standards of practice constitutes unprofessional conduct. Under NO circumstances may the number of barber students exceed 15 per full-time barber instructor. Initial _____
28. Under ARM 8.10.409(10), removing a student from theory class to perform barbering work on the public constitutes unprofessional conduct. Initial _____
29. Under ARM 8.10.409(11), allowing a patron to be released from a chair after being served by a student with inspection and approval by a licensed instructor constitutes unprofessional conduct. Initial _____
30. If you would like to apply for a Barber Teacher Training Unit for the barber school, please complete **Attachment D** and refer to 37-30-311, MCA and ARM 8.10.1012 for regulations of the course. Initial _____
31. Are there separate hand washing facilities available not in the restroom?
☐ Yes ☐ No Initial _____
32. Are hand washing signs located in all restrooms? ☐ Yes ☐ No Initial _____
33. Does your school have a soap dispenser and single service towels for washing hands in the restroom? ☐ Yes ☐ No Initial _____
34. Does your school have signs posted in the classroom and practice area indicating "School Work Only"? ☐ Yes ☐ No Initial _____
35. What type of flooring on the practice floor does your school have? _____
Initial _____
36. Is your school adequately lit? ☐ Yes ☐ No Initial _____
37. Is your school designed and equipped with the health and safety of the clients and students in mind?
☐ Yes ☐ No Initial _____
38. Are the walls, ceilings, flooring, doors, windows, fixtures, equipment, storage and cabinets clean and in good repair? ☐ Yes ☐ No Initial _____
39. How do you launder your towels and linens? _____ Initial _____
40. Do you have laundry facilities in the school? ☐ Yes ☐ No Initial _____
41. What type of disinfectant or sanitizer do you use in the school? _____

	YES	NO
42. Do you possess a current Montana Instructor License in good standing?	_____	_____
43. Have you ever been convicted of a felony?	_____	_____
44. Have you ever been refused or denied any occupational or professional license?	_____	_____
45. Has a license you held ever been subject to a letter of reprimand or fines?	_____	_____
46. Has a license you held ever been revoked, suspended, stipulated or placed on probation?	_____	_____

If you answered yes to questions 43-46 above, please explain on a separate sheet of paper.

Please read and sign below:

I hereby declare that I will operate my school in compliance with the statutes and rules governing the profession of barbering in the State of Montana and will see that all of my employees and enrolled students comply with all statutes and rules. I also acknowledge that the statutes and rules may change and that I will follow all subsequent statutes and rules. I agree that if the ownership or location of this school or course as indicated above, changes a new school application and fees will be required.

All fee are non-refundable. Incomplete applications will be returned.

The undersigned hereby certifies UNDER PENALTY OF PERJURY the statements, attachments and drawing of the floor plan contained herein are true and correct with full knowledge that all statements made in this application are subject to investigation and the school is subject to an initial inspection and subsequent inspections. Any false, dishonest or incomplete answer to any question on this application may be grounds for denial or subsequent revocation of the licenses.

Signature of Applicant

Date

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____

**ATTACHMENT A
BARBER SCHOOL APPLICATION**

PERSONAL SURVEY FORM FOR OWNERS AND OFFICERS

Please list all owners and/or officers and principal stockholders of the proposed school. You should use a separate form for each owner or officer.

NAME of OWNER/OFFICER: _____

HOME ADDRESS of OWNER/OFFICER: _____
(Street)

(City) (State) (Zip)

EDUCATION: _____

BARBER TRAINING AND EDUCATION: _____

BARBER LICENSE # _____ EXPIRATION DATE: _____

BARBER INSTRUCTOR LIC # _____ EXPIRATION DATE: _____

SPECIAL COURSES RELATING TO THE PRACTICE OF BARBERING OR INSTRUCTING: _____

WORK EXPERIENCE AS A BARBER (Name of employer, dates worked & years): _____

WORK EXPERIENCE AS AN INSTRUCTOR (List employers, school and dates worked): _____

LIST EXPERIENCE IN CONDUCTING OR MANAGING A SCHOOL OR BUSINESS: _____

LIST THE NAMES, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP OF 4 INDIVIDUALS, AND 3 MUST NOT BE RELATED TO YOURSELF, AS REFERENCES:

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____

**ATTACHMENT B
BARBER SCHOOL APPLICATION**

PERSONAL INFORMATION FORM FOR INSTRUCTORS

Please list on a separate attachment B for each licensed instructor you plan to employ for the proposed school.

NAME of INSTRUCTOR: _____

HOME ADDRESS of INSTRUCTOR: _____
(Street)

(City) (State) (Zip)

EDUCATION: _____

BARBER TRAINING AND EDUCATION: _____

BARBER LICENSE # _____ EXPIRATION DATE: _____

BARBER INSTRUCTOR LIC # _____ EXPIRATION DATE: _____

SPECIAL COURSES RELATING TO THE PRACTICE OF BARBERING OR INSTRUCTING: _____

WORK EXPERIENCE AS A BARBER (Name of employer, dates worked & years): _____

WORK EXPERIENCE AS AN INSTRUCTOR (List employers, school and dates worked): _____

LIST EXPERIENCE IN CONDUCTING OR MANAGING A SCHOOL OR BUSINESS: _____

WILL THE LICENSED INSTRUCTOR BE EMPLOYED FULL-TIME OR PART –TIME? _____

(Signature of Instructor)

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 _____

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____

[illegible][illegible]

If you require more space you may attach a separate sheet of paper.

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____

**ATTACHMENT D
BARBER SCHOOL APPLICATION**

APPLICATION FOR BARBER TEACHER TRAINING UNIT

1. NAME OF SCHOOL _____

2. SCHOOL ADDRESS _____

(Street)

(City) (State) (Zip)

3. SCHOOL LICENSE # _____ TYPE _____

4. NAME OF OWNER _____

5. Please provide the number of full-time instructors you employ. _____

6. Please provide the number of part-time instructors you employ. _____

7. Please provide a list of teacher training course supplies, equipment, visual and training aides, reference books, periodicals and text books: (include quantities)

(Signature of Owner/Officer of Corporation)

(Date)

Notary:

Subscribed and sworn to before me this _____ day of _____, 20 _____

(SEAL)

Notary Public for the State _____

Residing at _____

My Commission expires _____